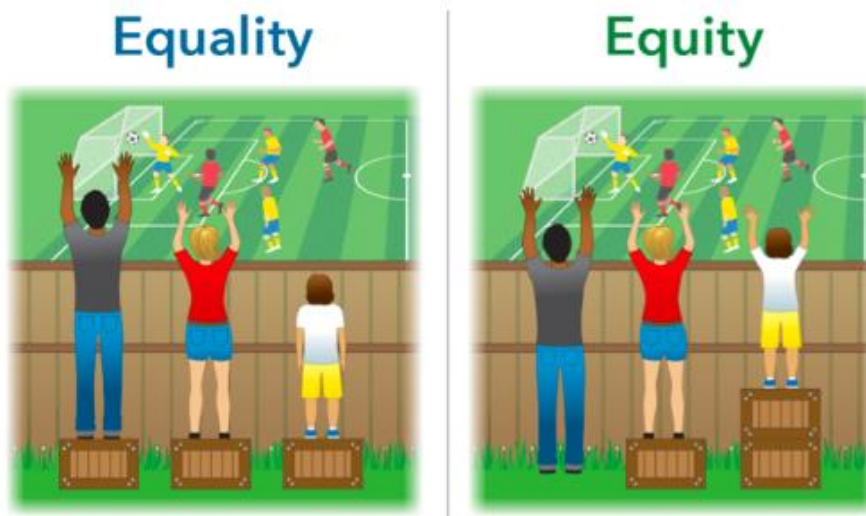




# Northwest Local School District

## SECTION 504 HANDBOOK

2021-2022 School Year



May 2021



# **NORTHWEST LOCAL SCHOOL DISTRICT**

## **PUBLIC NOTICES**

## **PUBLIC NOTICE**

### **NOTICE OF NON-DISCRIMINATION**

It is the policy of the Northwest Local School District that educational activities, employment, programs, and services shall be offered without regard to race, gender, color, national origin, religion, handicap, or age.

The Northwest Local School District does not discriminate on the basis of disability with regard to admission, access to services, treatment, or employment.

Inquiries or concerns regarding this policy should be directed to the following individuals:

#### **Coordinator for Title IX of the 1972 Educational Amendment**

Dustin Gehring, District Administrator of Student Services  
Northwest Local School District  
3240 Banning Rd.  
Cincinnati, OH 45239  
(513) 923-1000  
Since November 1, 2017

#### **Coordinator for the Americans with Disabilities Act (ADA)**

Heidi Stickney, District Administrator of Special Education  
Northwest Local School District  
3242 Banning Rd.  
Cincinnati, OH 45239  
(513) 522-6700  
Since July 1, 2015

#### **Coordinator for Section 504 of the Rehabilitation Act of 1973**

Heidi Stickney, District Administrator of Special Education  
Northwest Local School District  
3242 Banning Rd.  
Cincinnati, OH 45239  
(513) 522-6700  
Since July 1, 2015

## **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

The Family Educational Rights and Privacy Act (FERPA) also specifies rights related to educational records. FERPA gives the parent or guardian the right to:

1. inspect and review his/her child's educational records;
2. make copies of these records;
3. receive a list of all individuals having access to those records;
4. ask for an explanation of any item in the records;
5. ask for an amendment to any report on the grounds that it is inaccurate, misleading or violates the child's rights; and
6. a hearing on the issue if the school refuses to make the amendment.

## **ADD/ADHD POLICY STATEMENT**

On September 16, 1991, the U.S. Office of Special Education and Rehabilitative Services, U.S. Office of Civil Rights, and the U.S. Office of Elementary and Secondary Education issued a policy statement concerning the needs of children with Attention Deficit Disorders within general and/or special education. In summary, this policy stated that school systems will serve children with a suspected handicap in one of two ways:

1. Children who have been diagnosed as having a disability, and who through an evaluation team report qualify for special education services under Part B of the Individuals with Disabilities Act (formerly known as the Education of All Handicapped Children Act, P.L. 94-142) will be served under existing state special education programs. Children with a disability for special education and the related services must be provided a full continuum of placement alternatives, including the regular classroom.
2. Under Section 504 of the Rehabilitation Act of 1973, children can also be served through the regular education program, using environmental intervention techniques, if the disability is shown to substantially limit a major life activity (e.g. learning). Under Section 504, an evaluation must be conducted to determine whether or not the disability is severe enough to substantially limit a life activity. The child's education must be provided in the regular education classroom unless it is demonstrated that education in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily (34 CFR 104.34). If education in the regular environment with interventions cannot be achieved satisfactorily, then a multi-factored evaluation may be conducted to determine whether the student is eligible for special education under the Individuals with Disabilities Education Improvement Act (IDEIA of 2004).

A diagnosis of a disability may be made by a team of school professionals, including at least one individual with a specific knowledge in the characteristics and treatment of the suspected disability, a physician, or other qualified non-school professionals. The determination of whether or not a student who has been diagnosed as having a disability is eligible for services under IDEIA or Section 504 is an educational decision, made by a team of qualified school professionals.

## **NOTICE OF SECTION 504/ADA PROCEDURAL INFORMATION AND RIGHTS –A Guide to Parents’ Rights in Special Education-504**

### **WHAT IS SECTION 504?**

Section 504 of the Rehabilitation Act of 1973, as amended by the ADA Amendments Act of 2008 (hereinafter "Section 504"), is Congress' directive to schools receiving any Federal funding to eliminate discrimination based on disability from all aspects of their school operations. It states: "No otherwise qualified individual with a disability shall solely by reason of his/her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Since the School District is a recipient of Federal dollars, its administrators and staff are required to provide eligible disabled students with equal access (both physical and academic) to services, programs, and activities offered by its schools. Section 504 is a civil rights statute and not a special education statute.

### **HOW CAN I REFER MY CHILD TO DETERMINE 504 ELIGIBILITY?**

If you suspect that your child is "disabled" under Section 504/ADA, contact your child's teacher, school counselor, or building principal. You will be asked to complete a referral form and grant consent for a 504 evaluation. After the evaluation is complete, a meeting will be scheduled to determine if your child has a "disability." You have the right to meaningfully participate in the process and provide input, even if you cannot attend the meeting in person.

### **WHAT CRITERIA ARE USED TO DETERMINE 504 ELIGIBILITY?**

A student qualifies for Section 504 protection if s/he is determined to be an individual with a disability as defined by the statute. Specifically, the student must have a physical or mental impairment that substantially limits one or more major life activities, or have a record of such an impairment, or be regarded as having such an impairment. Only those students with an actual impairment, however, are entitled to accommodations/modifications /interventions pursuant to Section 504. Those students with a record of an impairment or who are regarded as having an impairment are entitled to protection from discrimination based upon disability.

Major life activities include, but are not limited to, functions such as (a) caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, learning, and (b) the operation of major bodily functions including the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

### **WHAT IS THE DIFFERENCE BETWEEN SECTION 504 AND THE IDEIA?**

Section 504 prohibits discrimination against students with disabilities and requires school districts to provide students with disabilities regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met. Any necessary accommodations/modifications/interventions must be delineated in a Section 504 Plan.

IDEIA requires districts to provide disabled students (ages 3 through 21) with special education and related services and supplementary aids and services designed to meet their unique needs and prepare them for further education, employment, and independent living. The special education and related services must be delineated in an Individualized Education Program (IEP).

**PROCEDURAL INFORMATION AND RIGHTS**

Below is a description of the rights granted by Federal law to individuals with disabilities. It is the intent of the District, pursuant to Section 504, to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of those decisions.

You have the right to:

- A. have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability;
- B. have the School District advise you of your rights under Federal law;
- C. receive written notice of any decision regarding the identification, evaluation, or educational placement of your child;
- D. have your child receive a free appropriate public education (FAPE);  
This includes the right to be educated with students who are not disabled to the maximum extent appropriate (i.e. the student's education will be provided in the regular education classroom unless it is demonstrated that education in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily) and to receive regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met.
- E. have your child educated in facilities and receive services comparable to those provided students without disabilities;
- F. have evaluation and educational placement decisions made based upon a variety of information sources, and by persons who know your child and are knowledgeable about the evaluation data and placement options;
- G. have your child transported in a non-discriminatory manner;  
If the District refer a student for aids, benefits or services outside the District, adequate transportation will be provided at no greater cost to you than if the aids, benefits, or services were provided within the District.
- H. place your child in a private school or alternative educational program;  
However, if the District makes a FAPE available to your child and nevertheless you choose to place your child elsewhere, the District is not required to pay for your child's education at the private school or alternative educational program, including any costs associated with related transportation.
- I. have your child be given an equal opportunity to participate in nonacademic and extra-curricular activities offered by the District;
- J. examine all relevant education records, including, but not limited to, those documents related to decisions regarding your child's identification, evaluation, educational program, and placement;
- K. obtain, at your own expense, an independent educational evaluation of your child;
- L. obtain copies of education records at a reasonable cost unless the fee would effectively deny you access to the records;
- M. a response from the School District to reasonable requests for explanations and interpretations of your child's education records;

- N. periodic re-evaluations and an evaluation before any significant change in program/ service modifications;
- O. request amendment for your child's education records if there is reasonable cause to believe that information contained in the record(s) is inaccurate, misleading or otherwise in violation of the privacy rights of your child; If the School District refuses to amend the record(s), you have the right to request a hearing and/or to attach to the record(s) a statement of why you disagree with the information it contains.
- P. request mediation or an impartial due-process hearing related to decisions or actions concerning your child's identification, evaluation, and/or educational program or placement;  
You and your child may take part in the hearing and have an attorney represent you. Hearing requests must be made to the 504 District Compliance Officer..
- Q. receive all information in your native language and mode of communication;
- R. file an internal complaint;
- S. file a complaint with the U.S. Department of Education's Office for Civil Rights;
- T. be represented at any point in the process by an attorney;
- U. recover reasonable attorney fees as authorized by law (i.e. if you are successful on your due process claim);
- V. be notified of your Section 504 rights (1) when evaluations are conducted, (2) when consent for an evaluation is withheld, (3) when eligibility is determined, (4) when a Section 504 Plan is developed, and (5) before there is significant change in the Plan.

Complaints, including complaints of disability-based harassment and requests for due process hearings, must be put in writing and must identify the specific circumstances or areas of dispute that have given rise to the complaint or requests for a hearing, and offer possible solutions to the dispute. Complaints must be filed with the District Section 504/ADA Compliance Officer. The Board of Education has designated Heidi Stickney as the District Section 504/ADA Compliance Officer(s). The District Compliance Officer(s) can be reached at the following address/phone number/e-mail:

Heidi Stickney  
 District Administrator of Special Education  
 3240 Banning Rd.  
 Cincinnati, OH 45239  
[hstickney@nwlsd.org](mailto:hstickney@nwlsd.org)  
 (513) 522-6700

The Office for Civil Rights of the United States Department of Education enforces the requirements of Section 504 of the Rehabilitation Act of 1973. The address of the Ohio office is:

Office for Civil Rights, Cleveland Office  
 U.S. Department of Education 600  
 Superior Avenue East, Suite 750  
 Cleveland, OH 44114-2611 Telephone:  
 (216) 522-4970 Facsimile: (216) 522-2573  
 TDD: (216) 522-4944



# **NORTHWEST LOCAL SCHOOL DISTRICT**

## **SECTION 504 GENERAL INFORMATION**



## **PURPOSE**

This handbook provides guidelines for the uniform implementation of student-related requirements for Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (as amended in 2008) in the Northwest Local School District (NWLSD). The focus of the handbook is the application of Section 504 to students with disabilities in preschool through secondary programs within NWLSD and serves to support staff with process and paperwork.

## **WHAT IS SECTION 504?**

Section 504 of the Rehabilitation Act is a civil rights act prohibiting discrimination based on disability. It was enacted to eliminate barriers that exclude persons with disabilities. In the Northwest Local School District, all staff and administrators have the responsibility of ensuring that all students with disabilities are identified, evaluated and provided with needed accommodations and services, resulting in a free appropriate public education (FAPE).

Section 504 is not a special education statute, although it addresses the provision of education to qualified individuals with disabilities. Public school districts are required to provide a free appropriate public education to all qualified students with disabilities. This must include an education designed to provide educational benefit despite the child's disability. Courts have interpreted "educational benefit" to mean progress through the curriculum. The necessary services and accommodations are part of the student's public education and are therefore provided at no cost to the parents.

## **DEFINITION OF A DISABILITY**

Section 504 defines "disability" as a physical or mental condition which substantially limits or impairs a major life activity such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, focusing, concentrating, or learning (this is not an exhaustive list). Section 504 does not specifically list or define all the possible qualifying disabilities like IDEIA does.

Congress has provided a non-exhaustive list of examples including: diseases and conditions involving orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, drug addiction and alcoholism (providing the person is in treatment), HIV/AIDS; learning disabilities, ADD/ADHD, mental retardation, emotional illness; cystic fibrosis, severe allergies and asthma.

## **PHYSICAL OR MENTAL IMPAIRMENTS**

Under Section 504, the term "physical or mental impairments" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin and endocrine. This definition includes such diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; attention deficit disorder (ADD); attention deficit hyperactivity disorder (ADHD); acquired immune deficiency syndrome (AIDS); and human immune deficiency virus (HIV+); or (b) any mental or psychological disorder, such as cognitive impairment, organic brain syndrome, specific learning disabilities, major depression,

bipolar disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and schizophrenia.

Certain conditions are not considered impairments under Section 504 and the ADA: substance abuse disorders resulting from the current use of illegal drugs, kleptomania, pyromania, exhibitionism, voyeurism, gender identity issues not resulting from physical impairment, and other sexual disorders. (29 CFR §1630.3(d)).

An episodic impairment or impairment in remission may be a disability if it substantially limits a major life activity when active. (ADA Amendments Act 2008).

The definition of a disabled person specifies that only physical and mental disabilities are included. Thus, environmental, cultural, and economic disadvantage are not themselves covered. (34 CFR §104 Appendix A, Analysis of Final Regulation). Examples of environmental, cultural or economic factors include divorce, transiency, death of a family member, military deployments, lack of motivation, homelessness, poverty, attendance problems, and ESL or ELL (learning English as a second language) status.

Only those students with an actual impairment, however, are entitled to accommodations/modifications /interventions pursuant to Section 504. Those students with a record of an impairment or who are regarded as having an impairment are entitled to protection from discrimination based upon disability.

### **SUBSTANTIAL LIMITATION**

A substantial limitation is a restriction as to the condition, manner, or duration under which an individual can perform a major life activity as compared to an average person in the general population. (29 CFR §1630.2(J) (2)). It would be an error to measure substantial limitation in reference to the child's potential and/or the student's immediate classmates. Instead, the reference should be to the performance of children at the same age or grade in the general population.

Temporary and non-chronic impairments of short duration with little or no residual effects are not typically substantially limiting. Conditions such as the common cold, seasonal influenza, a sprained joint, minor and non-chronic gastrointestinal disorder, and broken bones that are expected to heal completely are examples of conditions that are not impairments under Section 504. (29 CFR §1630.2(j) (8)).

### **MAJOR LIFE ACTIVITIES**

Major Life Activities/Major Bodily Functions (MLA/MBF) include, but are not limited to: seeing, hearing, breathing, walking, learning, communicating, thinking, concentrating, reading, or the operation of a major bodily function such as the digestive or immune system. (34 CFR §104.3(j) (2) (ii) as amended by the ADA Amendments Act 2008).

### **MITIGATING MEASURES**

Districts must make Section 504 eligibility determinations based upon the student's disability, as it would present itself without mitigating measures. A mitigating measure is something a student can use without any assistance from the school (i.e. – eyeglasses). Determining that a student is not Section 504-eligible

because of the corrective effects of mitigating measures is prohibited, except for the use of corrective lenses or ordinary contact lenses. Mitigating measures include:

- Medication, medical supplies, equipment, or appliances; low-vision devices (which do not include ordinary eyeglasses or contact lenses); prosthetics, including limbs and devices; mobility devices; oxygen therapy equipment and supplies; the use of assistive technology; reasonable accommodations or auxiliary aids or services; learned behavioral or adaptive neurological modifications

In other words, impairment may be a disability within the meaning of Section 504/ADAAA08 even if there is no current substantial limitation of a major life or bodily function because of the use of mitigating measures. (ADA Amendments Act 2008 and proposed regulations (29 CFR §1630.2(I)).

### **WHEN IS A SECTION 504 PLAN *NOT* APPROPRIATE**

Below are some examples of instances in which a Section 504 plan would not be appropriate:

- A student has a disability, but is functioning well and making academic progress without accommodations. This might include a student whose parent feels could be making A's rather than C's; or a student who only experiences difficulty in one subject area and the team determines the difficulty is not a function of the disability.
- When a plan is created solely to support a request for extended time on standardized tests such as the End of Course Exams or college board exams such as the SAT or ACT.
- When a student is eligible for services under the Individuals with Disabilities Educational Act (IDEA) but the parents prefer Section 504 services. Students in NWLSD who meet the eligibility criteria for special education under IDEA will be offered an IEP and not a section 504 Accommodation Plan.

### **FREE APPROPRIATE PUBLIC EDUCATION**

Section 504 requires school districts to provide a free appropriate public education (FAPE) to eligible students with disabilities who are enrolled in the school district and who have physical or mental impairment(s) that substantially limits one or more major life activities. This means that the district is required to provide regular or special education and related aids and services designed to meet the individual education needs of the student with disabilities as adequately as the needs of students without disabilities.

The FAPE requirement for services means that evaluations, accommodations and educational and related services are to be provided without cost to the student with disabilities and their parents or guardians.

### **CHILD FIND**

Child find requires the school district to undertake activities that annually identify and locate every qualified child with disabilities residing in the district's jurisdiction who is not receiving a public education. (34 CFR §104.32). The Northwest Local School District will also provide faculty awareness activities and screening procedures to locate students suspected of having a disability. Activities used to satisfy the IDEA child find requirements also satisfy the Section 504 child find requirements.



# **NORTHWEST LOCAL SCHOOL DISTRICT**

## **SECTION 504 PROCEDURES**

## **PROCESS FOR EVALUATING A CHILD WITH A POSSIBLE DISABILITY SECTION 504**

When a student is suspected of having a physical or mental impairment which may substantially limit learning to one or more major activities, the referral will be treated as a 504 concern. The 504 referral will be initiated by the 504 Coordinator who will serve as case manager. Parents will be notified and given a copy of their legal rights under Section 504.

A building level team will convene to review the referral. The team may include the student's classroom teacher(s), the building principal, the school counselor and the school psychologist. The team may request a district Special Education Supervisor, or other auxiliary staff to attend the meeting. The information collecting process may include review of existing academic, behavioral and medical records; interviews of teachers and/or student; examination of work samples; and observations in relevant settings. The building level team will review the data to determine whether:

1. there is no evidence of a substantial limitation in learning to one or more major activities, or
2. there is evidence that the disability is causing a substantial limitation in learning to one or more major activities.

If the team determines that the student **does not** have educational concerns, even though he/she has been diagnosed as having a disability, then the student will be served appropriately in the regular education program without specific accommodations. Remember that to be eligible under 504 a student must have a physical or mental impairment that substantially limits one or more major life activities and who has a record of such an impairment or who is regarded as having such impairment that severely or profoundly restricts one's ability to perform a major life activity.

If the team determines that the existence of a disability that **does** substantially limits one or more major life activities, an accommodation/modification plan will be developed to define appropriate classroom interventions. A copy of this plan will be placed in the student's cumulative file and will be shared with the student's parents, and all school staff who interact with the student who may be responsible for implementing accommodations. A copy should also be sent to the Special Education Office. Evidence that the plan has been shared, implemented, monitored and revised as needed must also be kept on file.

If, at any time, evaluation or intervention results suggest that a student may have a suspected handicap under IDEIA, a referral will be submitted to begin the Evaluation Team Report process to examine special education eligibility.

## **TRANSFER STUDENTS**

When a student transfers into the Northwest Local School District from another school district with an existing Section 504 plan, the 504 team will review the evaluation and plan to determine if the document is current, the student qualifies under 504 regulations, and the plan can be implemented as written. If there are no concerns about the transfer student's eligibility or the accommodation plan, the plan should be implemented immediately. Conversely, if the team does not agree with the decision and/or plan from the previous school district, the student should be promptly evaluated to determine eligibility and the need for accommodations. In this case, the existing plan will be followed until the reevaluation and eligibility determination are completed.

## REVIEW OF SECTION 504 ACCOMMODATION PLANS

Northwest Local Schools reviews 504 plans on an annual basis. It is strongly recommended that 504 plans be reviewed in the fall when the list of 504 students is provided from the Special Education Office. During transition years, parents may ask for reviews in the spring before the transition. If appropriate, input should be obtained from the receiving school before revising a plan.

The guidelines Northwest will follow in reviewing Section 504 plans by Case Managers will be:

- **If no changes are needed and the student is not new to the building (not a transition year from elementary – middle or middle-high), a full team meeting is still needed.**
  - Meeting notifications must be sent to all team members including the parents and student if he/she is 14 or older. Include a copy of the procedural safeguards notice with the meeting notification to the parent.
  - Document that the plan was reviewed by completing a Section 504 Accommodation Plan in ProgressBook by selecting “create from previous task”.
  - The team will need to sign the signature page
  - Prior Written Notice must be completed to document the team met and reviewed the plan.
  - Make sure that all teachers and staff responsible for implementing the plan are aware of the student’s needs, receive a copy of the plan and understand their responsibilities
  - Copies of the prior written notice, the 504 plan and meeting notification should be shared with the parent, placed in the cumulative file and sent to Office of Special Education.
  
- **If the student is new to the building, has a situation that makes him/her very unique (behavior, health, home environment), or needs to have his/her 504 plan changed, a full team meeting is needed.**
  - Meeting notifications must be sent to all team members including the parents and student if he/she is 14 or older. Include a copy of the procedural safeguards notice with the meeting notification to the parent.
  - Review the 504 Evaluation to determine if it meets the criteria set by Ohio and Northwest Local School District (must be less than 3 years old, or the team must complete a new evaluation).
  - If the student continues to qualify under Section 504 guidelines, complete a new Section 504 Accommodation Plan in Progress Book.
  - The team will need to sign the signature page.
  - Document in the Prior Written Notice that the team accepts the current 504 Evaluation and that the team wrote a new 504 Accommodation Plan.
  - Make sure that all teachers and staff responsible for implementing the plan are aware of the student’s needs, receive a copy of the plan and understand their responsibilities.

- Copies of the prior written notice, the 504 plan and meeting notification should be shared with the parent, placed in the cumulative file and sent to Office of Special Education.
- **If the team feels that a student no longer qualifies for a 504 Accommodation Plan a full team meeting is needed.**
  - Meeting notifications must be sent to all team members including the parents and student if he/she is 14 or older. Include a copy of the procedural safeguards notice with the meeting notification to the parent.
  - The team will need to review the current data regarding the student's disability and the use of accommodations
  - If the team determines that the student **does not** have educational concerns, even though he/she has been diagnosed as having a disability, then the student will be served appropriately in the regular education program without specific accommodations.
  - The team will need to complete the 504 Eligibility Determination form noting that the student does not have a disability that substantially limits learning.
  - The team will need to sign the signature page.
  - A copy of this form and a Prior Written Notice documenting the reason the team feels the student no longer qualifies should be given to the parent along with another copy of the procedural safeguards notice.
  - Place a copy in the cumulative records and send a copy to the Special Education Office to the attention of Lisa Imhoff.

## **Discipline and Section 504 of the Rehabilitation Act of 1973**

### Considerations when Students have a 504 Plan:

Currently the Office of Civil Rights interprets the disciplinary protections for Section 504 students as being similar to but not identical to those provided for IDEIA students. Section 504 does not require the completion of a functional behavior assessment. However, if behavioral problems are anticipated as a result of a student's disability, then a behavioral plan is needed.

Schools are not required to provide services during the first ten days of suspension for a student with a 504 accommodation plan if services are not provided to students without disabilities. However, when a suspension (in or out of school) constitutes a change of placement, then a manifestation determination must be completed before making the change. A change of placement occurs after ten or more consecutive days of suspension or a series of shorter suspensions which total ten or more days and reflects a pattern. If no pattern exists, then a 504 student may be suspended for more than ten days. The manifestation determination must occur within 10 days of the decision to change the placement, and prior to any expulsion hearing.

Under Section 504, "in school" suspension is permissible provided the 504 accommodation plan is continuing to be implemented. However, common sense would indicate a need for a review of the accommodation plan and placement if "in school" suspensions go beyond 10 days.

### Summary of Procedural Steps for Disciplining Students with a 504 Plan:

Before expelling or suspending a student for more than ten (10) days, the 504 team including the parents will meet to complete a Manifestation Determination form (p. 40 of binder).

- Meeting notifications must be sent to all team members including the parents and student if he/she is 14 or older. Include a copy of the procedural safeguards notice with the meeting notification to the parent.
- The team must review the student's 504 evaluation and plan, progress information, and input of parents and team members to determine if the behavior subject to disciplinary action was:
  - caused by or had a direct and substantial relationship to the child's disability, or was
  - a direct result of the district's failure to implement the 504 plan.

If the committee determines the behavior was a manifestation of the student's disability, then the student cannot be expelled or suspended for more than ten (10) days. If the committee determines the behavior was not a manifestation of the student's disability, then the student may be expelled or suspended for more than ten (10) days. Unlike IDEIA, Section 504 does not have a requirement for continuation of services.



## **PROCESS FOR RESOLVING DISAGREEMENTS**

In the event that parents challenge the actions of the school team regarding identification, evaluation or placement of their child, the district provides due process for resolving the dispute.

The procedure is as follows:

1. An alleged grievance under Section 504 must be filed in writing fully setting out the circumstances giving rise to such grievance.
2. Such claims must be made in writing and filed with the following individual:  
Heidi Stickney, District Administrator for Special Education, 3242 Banning Road, Cincinnati, Ohio 45239.
3. A hearing will be conducted according to the procedures outlined in the regulations implementing the Family Educational Rights and Privacy Act (FERPA).
4. The District Administrator for Special Education will request the appointment of a hearing officer who will conduct the hearing within a reasonable time after the request was received.
5. The District Administrator for Special Education shall give the parent or student reasonable advance notice of the date, time, and place of the hearing.
6. The hearing may be conducted by any individual, including an official of the local school district, who does not have a direct interest in the outcome of the hearing.
7. The local school district shall give the parent or student full and fair opportunity to present evidence relevant to the issues raised. The parent or student, may, at their own expense, be assisted or represented by individuals of their own choice, including an attorney.
8. The local school district shall make its decision in writing within fifteen (15) days after the hearing.
9. The decision must be based solely on the evidence presented at the hearing and shall include a summary of the evidence and reasons for the decision.

## SECTION 504 AND TITLE IX GRIEVANCE PROCEDURES

### Students' Alleged Discrimination Grievance Procedures

In accordance with Federal and State OCR (Office for Civil Rights) Guidelines, any student who believes the Northwest Local School District or any of the district's staff, teachers and administrators have inadequately applied the principles of and/or regulations of Title VI of the Civil Rights Act of 1964 (race, color, national origin), Title IX of the Education Amendment Act of 1972 (sex/gender), and Section 504 of the Rehabilitation Act of 1973 (disability) she/he may bring forward a complaint which shall be referred to as a formal grievance. However, whenever possible and practical, an informal solution to the alleged grievance is encouraged and should be attempted at the principal or supervisory level. An informal grievance with the above mentioned administrators does not require parents/guardians to be present.

However, if an informal acceptable solution cannot be attained, formal Section 504 and Title IX grievance procedures shall commence. The complainant may file a complaint directly with the Office for Civil Rights, U.S. Department of Education, and/or may use the internal grievance procedure set out below.

#### ***Step 1***

An alleged formal discrimination grievance complaint should first be made to the principal or immediate supervisor within ten school days of date incident occurred.

#### ***Step 2***

If not resolved at Step 1, the decision may be appealed to the district's Title IX and/or Section 504 Coordinator within five school days.

#### ***Step 3***

If not resolved at Step 2, the decision may be appealed to the district's Superintendent who functions as the final mediator at the local level.

#### Section 504 Coordinator

Heidi Stickney, District Administrator of  
Special Education  
3242 Banning Rd.  
Cincinnati, Ohio 45239  
522-6700 ext. 4923

#### Title IX Coordinator

Dustin Gehring, Assistant Director of Student  
Services and Community Relations  
3240 Banning Rd.  
Cincinnati, OH 45239  
923-1000 ext.3907

#### ***Step 4***

If not resolved at Step 3, the decision may be appealed by the complainant to the Office for Civil Rights, U.S. Department of Education, 55 Erieview Plaza, Room 300, Cleveland, Ohio 44114-1816

**Note:** Parents/guardians do not have to be present at the informal complaint meeting with the principal/supervisor. However, parent(s) and/or guardian(s) must be present for youths under age 18 at all levels of the formal alleged discrimination process.

## SECTION 504 AND TITLE IX GRIEVANCE PROCEDURES

### Employees' Alleged Discrimination Grievance Procedures

In accordance with the U.S. Department of Education and the Ohio Department of Education's Office for Civil Rights (OCR) Guidelines, any employee who believes that the Northwest Local School District or any school official has inadequately applied the principles of and/or regulations of Title VI of the Civil Rights Act of 1964 (race, color, national origin), Title IX of the Education Amendment Act of 1972 (sex/gender), and Section 504 of the Rehabilitation Act of 1973 (disability), or the Age Discrimination Act of 1975, as amended, she/he may bring forward a complaint which shall be referred to as a formal grievance.

However, whenever practical and/or possible, within five days an informal solution of the alleged discriminatory grievance should be attempted at the principal/immediate supervisor level. If an informal acceptable solution cannot be attained, the formal Section 504/Title IX procedure shall commence. The complainant may file a complaint directly with the Office of Civil Rights, U.S. Department of Education, and/or may use the internal grievance procedure set out below.

#### ***Step 1***

An alleged formal discrimination grievance complaint should first be made to the principal or immediate supervisor within ten school days of date incident occurred.

#### ***Step 2***

If not resolved at Step 1, the decision may be appealed to the district's Title IX and/or Section 504 Coordinator within five school days.

#### ***Step 3***

If not resolved at Step 2, the decision may be appealed to the district's Superintendent who functions as the final mediator at the local level.

#### Section 504 Coordinator

Heidi Stickney, District Administrator of  
Special Education  
3312 Compton Road  
Cincinnati, Ohio 45251  
522-6700 ext. 4923

#### Title IX Coordinator

Dustin Gehring, District Administrator of  
Student Services  
3240 Banning Rd.  
Cincinnati, OH 45239  
923-1000 ext. 3907

#### ***Step 4***

If not resolved at Step 3, the decision may be appealed by the complainant to the Office for Civil Rights, U.S. Department of Education, 55 Erievue Plaza, Room 300, Cleveland, Ohio 44114-1816



## NORTHWEST LOCAL SCHOOL DISTRICT

### SECTION 504 FORMS

#### Form

Initial Compliance Checklist

Annual Compliance Checklist

Referral

Meeting Notification

Prior Written Notice

Consent

Evaluation

Plan

Grievance

Procedural Safeguards Notice/Parents'  
Rights

Manifestation

#### Source

**Hard copy in binder**

**Hard copy in binder**

ProgressBook

ProgressBook

ProgressBook

ProgressBook

ProgressBook

ProgressBook

ProgressBook

**Hard copy in binder**  
*(do not use the copy in PB)*

**Hard copy in binder**

NORTHWEST LOCAL SCHOOL DISTRICT  
Section 504 – Compliance Checklist: **Initial Request**

**Student** \_\_\_\_\_ **Student ID#** \_\_\_\_\_ **Building** \_\_\_\_\_  
**Case Manager** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date** \_\_\_\_\_

Initial Request Process:

1. Request made by parent/guardian
2. Referral and Parent Consent
  - a. In person meeting: Complete the **Referral** form and **Parental Consent** form. At the time of consent, provide a copy of Parents' Rights (p. 37-39 of binder). Based on the reason for the referral, send physician's questionnaire or request pertinent information.
  - b. Phone conference: Complete the **Referral** form and **Parental Consent** form based on information from phone conference. Send home the following documents: a copy of **Procedural Safeguards/Parents' Rights** (p. 37-39 of binder), based on the reason for the referral, send physician's questionnaire or request pertinent information, send the referral and consent for signatures. Also, send a **Prior Written Notice**.

3. Collect data such as:

- |  |   |
|--|---|
| <input type="checkbox"/> Ability testing                       | <input type="checkbox"/> Retention                      |
| <input type="checkbox"/> Competency Testing info               | <input type="checkbox"/> Previous/Current Interventions |
| <input type="checkbox"/> Observations                          | <input type="checkbox"/> Attendance Patterns            |
| <input type="checkbox"/> Medical History/Diagnosis             | <input type="checkbox"/> Work Habits                    |
| <input type="checkbox"/> State/District Testing                | <input type="checkbox"/> Study Skills                   |
| <input type="checkbox"/> Disciplinary/Behavior history         | <input type="checkbox"/> Outside Agency Involvement     |
| <input type="checkbox"/> Effort Ratings                        | <input type="checkbox"/> Work Samples                   |
| <input type="checkbox"/> Parent/Teacher Interviews             | <input type="checkbox"/> Individual Screening/Testing   |
| <input type="checkbox"/> Grades: <input type="checkbox"/> Past | <input type="checkbox"/> Current Information            |

4. Schedule the evaluation meeting. Send home the Meeting Notification and Prior Written Notice (see sample #2). School psychologist should be invited to this meeting.
5. At the evaluation meeting, complete the Evaluation form. If the student qualifies, you can also complete the 504 Plan.
6. After the meeting, send home a Prior Written Notice explaining the outcome of the meeting (see sample #3).
7. Send the following original documents to Lisa Imhoff in the Special Education Office
  - a. Referral
  - b. Consent
  - c. Invite
  - d. Evaluation
  - e. 504 Plan
  - f. All Prior Written Notices

\*All documents should be "completed" in ProgressBook at this time

NORTHWEST LOCAL SCHOOL DISTRICT  
Section 504 – Compliance Checklist: **Annual Review**

**Student** \_\_\_\_\_ **Student ID#** \_\_\_\_\_ **Building** \_\_\_\_\_  
**Case Manager** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date** \_\_\_\_\_

Annual Review Process:

1. Schedule the annual review meeting. Send home the **Meeting Notification** and **Prior Written Notice**.
2. Gather relevant data about the established plan
3. At the annual review, update the **504 Plan**.
4. After the meeting, send home a **Procedural Safeguards/Parents’ Rights** and **Prior Written Notice** explaining the outcome of the meeting.
5. Send the following documents to Sherry Ross in the Special Education Office
  - a. Invite
  - b. 504 Plan
  - c. All Prior Written Notices
  - d. Verification all teachers responsible to implement the plan have received a copy

\*All documents should be “completed” in ProgressBook at this time

**Referral**

# Section 504

**CHILD'S INFORMATION**

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SUSPECTED DISABILITY REFERRAL**

**STATEMENT OF SUSPECTED SECTION 504 DISABILITY**

Please complete this form if you suspect that this student may have a physical or mental impairment that substantially limits one or more major life activities. (See below)

**A. Check the suspected physical or mental impairments and state any evaluative/data sources supporting the diagnosis.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergy _____                   | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Multiple Sclerosis              |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Dyslexia                  | <input type="checkbox"/> Muscular Dystrophy              |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emotional Illness         | <input type="checkbox"/> Orthopedic Impairment           |
| <input type="checkbox"/> Brain Injury                    | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Recovering Chemically Dependent |
| <input type="checkbox"/> Cancer                          | <input type="checkbox"/> Hearing Impairment        | <input type="checkbox"/> Seizures                        |
| <input type="checkbox"/> Cerebral Palsy                  | <input type="checkbox"/> Heart Disease             | <input type="checkbox"/> Speech Impairment               |
| <input type="checkbox"/> Developmental Aphasia           | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Visual Impairment               |
| <input type="checkbox"/> Other: _____                    |  |  |

**B. Identify any major life activities that are limited.**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Breathing                    | <input type="checkbox"/> Learning                | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Caring For Oneself           | <input type="checkbox"/> Lifting                 | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Communicating                | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Concentrating                | <input type="checkbox"/> Reading                 | <input type="checkbox"/> Walking  |
| <input type="checkbox"/> Eating                       | <input type="checkbox"/> Seeing                  | <input type="checkbox"/> Working  |
| <input type="checkbox"/> Major Bodily Functions _____ |  |                                   |
| <input type="checkbox"/> Other: _____                 |  |                                   |

**C. Describe how the major life activities identified above are substantially limited.**

**D. Provide a summary of all interventions done prior to the child's referral for a Section 504 evaluation:**

\_\_\_\_\_  
Signature of Person Making Referral    Relationship to Student    Date

\_\_\_\_\_  
Signature of Person Receiving Referral    Date Received

\_\_\_\_\_  
Title of Person Receiving Referral

**Meeting Notification**

**Section 504**

**MEETING NOTIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_

**You are invited to attend a meeting to discuss the educational needs of:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**PURPOSE FOR MEETING** (Check all that apply):

- To determine if your child is eligible, or continues to be eligible, under Section 504
- To develop, review and/or revise your child's Section 504 plan
- To conduct a Manifestation Determination
- Other \_\_\_\_\_

**THIS CONFERENCE WILL BE SCHEDULED AS A:** (Check all that apply)

- Face to face meeting
- Video conference
- Telephone conference/Conference call

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:**

- Regular Education Teacher
- Student
- District Representative
- Other \_\_\_\_\_

Although it is not required that you attend, we strongly encourage and welcome your participation in the meeting. You are a valuable member of the Section 504 Team. You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.

If you would like to schedule the meeting at a different time, date, or location, or schedule a different type of meeting, or if you require an interpreter, please contact:

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

cut\_\_\_\_\_cut

**Response to Parent Invitation**

**COMPLETE AND RETURN TO THE CHILD'S SCHOOL**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MEETING SCHEDULED DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

- I will attend/participate
- I will not attend/participate
- Another/Others will accompany me (optional)

I would like the location of this meeting changed to: \_\_\_\_\_

I would like to change the type of meeting to: \_\_\_\_\_

I would like this meeting rescheduled for the following suggested date and time: \_\_\_\_\_

- A bilingual or sign language interpreter is requested
- Desired language/mode of communication \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**Prior Written Notice**

**Section 504**

**CHILD'S INFORMATION**

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**PRIOR WRITTEN NOTICE**

Date: \_\_\_\_\_

This is to notify you of the school district's action regarding \_\_\_\_\_.

**A. Description of the action.**

- Refusal to initiate Section 504 Plan Reevaluation
- Initial Section 504 Plan Evaluation
- Manifestation Determination
- Section 504 Plan Periodic Reevaluation
- Other (describe action taken) \_\_\_\_\_
- Change of Section 504 Plan
- Section 504 Plan issues/meetings where the parent(s) disagree with the district

**B. A description of the action proposed or refused by the school district:**

\_\_\_\_\_

**C. An explanation of why the school district proposes or refuses to take the action:**

\_\_\_\_\_

**D. A description of other options that the Section 504 team considered and the reasons why those options were rejected:**

\_\_\_\_\_

**E. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:**

\_\_\_\_\_

**F. A description of other factors that are relevant to the school district's proposal or refusal:**

\_\_\_\_\_

**PROVISION OF PROCEDURAL SAFEGUARDS**

As a parent of a child with a suspected or identified disability under Section 504, you have procedural safeguards protection under Section 504 of the Rehabilitation Act of 1973, as amended by the ADA Amendments Act of 2008. A copy of the Section 504 Procedural Safeguards is included.

If you have any questions about the action(s) described above or your rights as described in the Procedural Safeguards, please contact:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Parental Consent**

# Section 504 Plan

## PARENTAL CONSENT

DATE: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_

Dear: \_\_\_\_\_

Your child has been referred to the Section 504 Team to determine whether he/she has a disability that substantially limits one or more major life activities. In order to determine eligibility, the Section 504 Team will be conducting an evaluation of your child to determine the possible need for a Section 504 Plan. Your consent is required for that evaluation. Please indicate your consent below and return the form to the school at your earliest convenience. The evaluation process will not proceed without your consent.

You are invited to provide the Section 504 Team with any information that may be helpful in determining your child's eligibility. Following the evaluation, the Section 504 Team will meet to review the results of the evaluation and determine whether your child is eligible for a Section 504 Plan. You will receive notification of the date and time of that meeting.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

cut \_\_\_\_\_ cut

## Consent

Student: \_\_\_\_\_ School: \_\_\_\_\_

I have received notice and understand that my child has been referred to the Section 504 Team to determine if he/she has a disability that substantially limits one or more major life activities. I understand that I must give written consent to the Team for my child to be evaluated.

- I hereby grant consent for evaluation by the Section 504 Team  
 I do not grant consent for evaluation by the Section 504 Team. I understand that without my consent, my child cannot be evaluated for Section 504 accommodations.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please sign and return this portion to your child's school.

# Section 504 Evaluation

## CHILD'S INFORMATION

NAME: \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
  
DISTRICT OF RESIDENCE: \_\_\_\_\_  
COUNTY OF RESIDENCE: \_\_\_\_\_  
DISTRICT OF SERVICE: \_\_\_\_\_

## PARENTS' /GUARDIAN'S INFORMATION

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
  
NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## MEETING INFORMATION

MEETING DATE: \_\_\_\_\_  
MEETING TYPE:  
 INITIAL SECTION 504 EVALUATION  
 REVIEW SECTION 504 EVALUATION

## SECTION 504 TIMELINES

SECTION 504 EFFECTIVE DATES  
REFERRAL DATE: \_\_\_\_\_  
CONSENT DATE: \_\_\_\_\_  
NEXT REVIEW: \_\_\_\_\_

## SECTION 504 STATUS

(check when complete)

- 1. TEAM SUMMARY REPORT
- 2. ELIGIBILITY DETERMINATION

## ADDITIONAL INFORMATION

# Section 504 Evaluation

## 1 TEAM SUMMARY REPORT

**Sources of information considered by the Section 504 Team:**

- |   |  |
|---|--|
| <input type="checkbox"/> Parent Recommendation                  | <input type="checkbox"/> Medical/Professional Report       |
| <input type="checkbox"/> Educational Evaluation/Performance     | <input type="checkbox"/> Behavioral Evaluation/Performance |
| <input type="checkbox"/> Teacher Observation/Recommendation     | <input type="checkbox"/> Student Work Samples              |
| <input type="checkbox"/> Ineligibility For Services Under IDEIA |  |
| <input type="checkbox"/> Other _____                            |  |

**Summary of data and evaluation information that was presented**

**Section 504 Team Determinations:**

**A. The student has a physical or mental impairment:**     YES     NO

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergy _____                   | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Multiple Sclerosis              |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Dyslexia                  | <input type="checkbox"/> Muscular Dystrophy              |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emotional Illness         | <input type="checkbox"/> Orthopedic Impairment           |
| <input type="checkbox"/> Brain Injury                    | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Recovering Chemically Dependent |
| <input type="checkbox"/> Cancer                          | <input type="checkbox"/> Hearing Impairment        | <input type="checkbox"/> Seizures                        |
| <input type="checkbox"/> Cerebral Palsy                  | <input type="checkbox"/> Heart Disease             | <input type="checkbox"/> Speech Impairment               |
| <input type="checkbox"/> Developmental Aphasia           | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Visual Impairment               |
| <input type="checkbox"/> Other: _____                    |  |  |

**List attached sources of documentation:**

**B. Identify any major life activities that are limited.**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Breathing                    | <input type="checkbox"/> Learning                | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Caring For Oneself           | <input type="checkbox"/> Lifting                 | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Communicating                | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Concentrating                | <input type="checkbox"/> Reading                 | <input type="checkbox"/> Walking  |
| <input type="checkbox"/> Eating                       | <input type="checkbox"/> Seeing                  | <input type="checkbox"/> Working  |
| <input type="checkbox"/> Major Bodily Functions _____ |  |                                   |
| <input type="checkbox"/> Other: _____                 |  |                                   |

# Section 504 Evaluation

## **2** Eligibility Determination

Describe the nature of the disability:

Describe the basis for the disability:

Describe how the disability affects one or more major life activities:

Describe the impact of the disability:

The term "substantially limits" means that the student is a) unable to perform one or more major life activities that a typical student of approximately the same age can perform OR b) significantly restricted as to the condition, manner or duration under which a particular life activity is performed as compared to a typical student of approximately the same age. The impairment must be substantial when compared to the typical student of approximately the same age.

Place an "X" on the following scale to indicate the specific degree that the impairment limits the major life activity. Specify information considered by the team that justifies the rating.

- 1 - Negligibly       2 - Mildly       3 - Moderately       4 - Substantially       5 - Extremely

Specify:

The team's determination (below a '4') indicates that the student does not have a disability that meets eligibility as defined under Section 504.

The team's determination (a '4' or above) indicates that the student has a disability that meets eligibility as defined under Section 504.

Section 504 plan is necessary to enable the student to receive a free appropriate public education.

Section 504 plan is NOT necessary for the student to receive a free appropriate public education.

### **Section 504 Team:**

# Section 504 Evaluation

| Name | Position | Signature | Date |
|------|----------|-----------|------|
|      |          |           |      |
|      |          |           |      |
|      |          |           |      |
|      |          |           |      |
|      |          |           |      |
|      |          |           |      |
|      |          |           |      |

**Acknowledgment:**

I received a copy of the Notice of Section 504 Procedural Safeguards.

- I agree with the Section 504 Team's recommendations as stated above.
- I disagree with the Section 504 Team's recommendations as stated above. (Please attach a sheet outlining those areas of the recommendations with which you disagree.)

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Section 504 Plan

## CHILD'S INFORMATION

NAME: \_\_\_\_\_  
ID NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
  
DISTRICT OF RESIDENCE: \_\_\_\_\_  
COUNTY OF RESIDENCE: \_\_\_\_\_  
DISTRICT OF SERVICE: \_\_\_\_\_

## PARENTS'/GUARDIAN'S INFORMATION

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
  
NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## MEETING INFORMATION

MEETING DATE: \_\_\_\_\_  
MEETING TYPE:  
 INITIAL SECTION 504 PLAN  
 REVIEW SECTION 504 PLAN

## SECTION 504 TIMELINES

LAST EVALUATION: \_\_\_\_\_  
NEXT EVALUATION: \_\_\_\_\_

## SECTION 504 EFFECTIVE DATES

START: \_\_\_\_\_  
END: \_\_\_\_\_  
NEXT REVIEW: \_\_\_\_\_

## SECTION 504 STATUS

(check when complete)

- 1. SECTION 504 PLAN
- 2. TESTING PAGE
- 3. SIGNATURE PAGE

## ADDITIONAL INFORMATION

# Section 504 Plan

## **1** SECTION 504 PLAN

The student covered under this Plan is a student with a disability. The accommodations, modifications and/or services listed on the plan comply with the ADA Amendments Act of 2008 and the Rehabilitation Act of 1973.

Describe the nature of the disability:

Describe the basis for the disability:

Describe how the disability affects one or more major life activities:

Describe the impact of the disability:

List the accommodations, modifications and/or services:

| Accommodation/Modification/Service | Location:<br>(General Classroom or Other) | Individual(s) Responsible |
|------------------------------------|---|---------------------------|
|                                    |   |                           |
|                                    |   |                           |
|                                    |   |                           |
|                                    |   |                           |
|                                    |   |                           |



# Section 504 Plan

## 2 STATEWIDE AND DISTRICT WIDE TESTING

Will the child participate in classroom, district wide and state wide assessments with accommodations?

YES     NO

| AREA           | GRADE | DATE OF TEST | CHILD WILL BE TESTED:   | DETAIL OF ACCOMMODATIONS |
|----------------|-------|--------------|---|--------------------------|
| READING        |       |              | <input type="checkbox"/> Without Accommodations<br><input type="checkbox"/> With Accommodations |                          |
| WRITING        |       |              | <input type="checkbox"/> Without Accommodations<br><input type="checkbox"/> With Accommodations |                          |
| MATH           |       |              | <input type="checkbox"/> Without Accommodations<br><input type="checkbox"/> With Accommodations |                          |
| SCIENCE        |       |              | <input type="checkbox"/> Without Accommodations<br><input type="checkbox"/> With Accommodations |                          |
| SOCIAL STUDIES |       |              | <input type="checkbox"/> Without Accommodations<br><input type="checkbox"/> With Accommodations |                          |
| OTHER          |       |              | <input type="checkbox"/> Without Accommodations<br><input type="checkbox"/> With Accommodations |                          |

# Section 504 Plan

## 3 SIGNATURES

**Participants:**

| NAME | TITLE  | SIGNATURE | DATE |
|------|--------|-----------|------|
|      | Parent |           |      |
|      |        |           |      |
|      |        |           |      |
|      |        |           |      |
|      |        |           |      |
|      |        |           |      |
|      |        |           |      |
|      |        |           |      |
|      |        |           |      |
|      |        |           |      |
|      |        |           |      |

**Signatures:**

I received a copy of the Notice of Section 504 Procedural Safeguards.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

- I give permission for this Section 504 Plan to be implemented for my child. My signature indicates consent for the information contained in this plan to be distributed to appropriate staff members.
- I do not give permission for this Section 504 Plan to be implemented for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Section 504

## GRIEVANCES / DISCRIMINATION COMPLAINT

The school district pledges compliance with Section 504 regulations and that no discrimination on the basis of disability is permitted in the programs or activities that the district operates. Any student, parent or guardian who believes that they have been discriminated against by or within district has the option of filing a complaint. Complaints should be submitted to \_\_\_\_\_.

Note: This is not a request for a Section 504 hearing. Hearing requests related to identification, evaluation, placement, and program implementation under Section 504 should be directed to the District Section 504/ADA Compliance Officer.

Date: \_\_\_\_\_

On behalf of: \_\_\_\_\_

Complaint is being filed by:  Student  
 Student's parent/guardian  
 Other

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Describe your complaint in writing. Include

- 1) the specific incident or activity that is viewed as discrimination;
- 2) the individuals involved;
- 3) dates, times, and locations involved; and
- 4) the disability that forms the basis of the complaint.

Attach additional pages, if needed.

Identify any attempts you have made to discuss or resolve this issue with district staff, including the names of staff members.

**Section 504**

the dates of any discussions, and the results of those discussions.

Please provide your suggestions about how this issue could be resolved.

\_\_\_\_\_

Complainant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Complainant's Name (please print)

\_\_\_\_\_

Recipient's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Recipient's Name (please print)



## **NOTICE OF SECTION 504/ADA PROCEDURAL SAFEGUARDS INFORMATION AND RIGHTS**

### **NOTICE OF SECTION 504/ADA PROCEDURAL INFORMATION AND RIGHTS**

#### **WHAT IS SECTION 504?**

Section 504 of the Rehabilitation Act of 1973, as amended by the ADA Amendments Act of 2008 (hereinafter "Section 504"), is Congress' directive to schools receiving any Federal funding to eliminate discrimination based on disability from all aspects of their school operations. It states: "No otherwise qualified individual with a disability shall solely by reason of his/her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Since the School District is a recipient of Federal dollars, its administrators and staff are required to provide eligible disabled students with equal access (both physical and academic) to services, programs, and activities offered by its schools. Section 504 is a civil rights statute and not a special education statute.

#### **HOW CAN I REFER MY CHILD TO DETERMINE 504 ELIGIBILITY?**

If you suspect that your child is "disabled" under Section 504/ADA, contact your child's teacher, school counselor, or building principal. You will be asked to complete a referral form and grant consent for a 504 evaluation. After the evaluation is complete, a meeting will be scheduled to determine if your child has a "disability." You have the right to meaningfully participate in the process and provide input, even if you cannot attend the meeting in person.

#### **WHAT CRITERIA ARE USED TO DETERMINE 504 ELIGIBILITY?**

A student qualifies for Section 504 protection if s/he is determined to be an individual with a disability as defined by the statute. Specifically, the student must have a physical or mental impairment that substantially limits one or more major life activities, or have a record of such an impairment, or be regarded as having such an impairment. Only those students with an actual impairment, however, are entitled to accommodations/modifications /interventions pursuant to Section 504. Those students with a record of an impairment or who are regarded as having an impairment are entitled to protection from discrimination based upon disability.

Major life activities include, but are not limited to, functions such as (a) caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, communicating, learning, and (b) the operation of major bodily functions including the functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

#### **WHAT IS THE DIFFERENCE BETWEEN SECTION 504 AND THE IDEIA?**

Section 504 prohibits discrimination against students with disabilities and requires school districts to provide students with disabilities regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met. Any necessary accommodations/modifications/interventions must be delineated in a Section 504 Plan.

IDEIA requires districts to provide disabled students (ages 3 through 21) with special education and related services and supplementary aids and services designed to meet their unique needs and prepare them for further education, employment, and independent living. The special education and related services must be delineated in an Individualized Education Program (IEP).

## **PROCEDURAL INFORMATION AND RIGHTS**

Below is a description of the rights granted by Federal law to individuals with disabilities. It is the intent of the District, pursuant to Section 504, to keep you fully informed concerning decisions about your child and to inform you of your rights if you disagree with any of those decisions.

You have the right to:

- A. have your child take part in, and receive benefits from public education programs without discrimination because of his/her disability;
- B. have the School District advise you of your rights under Federal law;
- C. receive written notice of any decision regarding the identification, evaluation, or educational placement of your child;
- D. have your child receive a free appropriate public education (FAPE);  
This includes the right to be educated with students who are not disabled to the maximum extent appropriate (i.e. the student's education will be provided in the regular education classroom unless it is demonstrated that education in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily) and to receive regular or special education and related aids and services that are designed to meet the individual educational needs of students with disabilities as adequately as the needs of nondisabled students are met.
- E. have your child educated in facilities and receive services comparable to those provided students without disabilities;
- F. have evaluation and educational placement decisions made based upon a variety of information sources, and by persons who know your child and are knowledgeable about the evaluation data and placement options;
- G. have your child transported in a non-discriminatory manner;  
If the District refer a student for aids, benefits or services outside the District, adequate transportation will be provided at no greater cost to you than if the aids, benefits, or services were provided within the District.
- H. place your child in a private school or alternative educational program;  
However, if the District makes a FAPE available to your child and nevertheless you choose to place your child elsewhere, the District is not required to pay for your child's education at the private school or alternative educational program, including any costs associated with related transportation.
- I. have your child be given an equal opportunity to participate in nonacademic and extra-curricular activities offered by the District;
- J. examine all relevant education records, including, but not limited to, those documents related to decisions regarding your child's identification, evaluation, educational program, and placement;
- K. obtain, at your own expense, an independent educational evaluation of your child;
- L. obtain copies of education records at a reasonable cost unless the fee would effectively deny you access to the records;
- M. a response from the School District to reasonable requests for explanations and interpretations of your child's education records;

- N. periodic re-evaluations and an evaluation before any significant change in program/ service modifications;
- O. request amendment for your child's education records if there is reasonable cause to believe that information contained in the record(s) is inaccurate, misleading or otherwise in violation of the privacy rights of your child; If the School District refuses to amend the record(s), you have the right to request a hearing and/or to attach to the record(s) a statement of why you disagree with the information it contains.
- P. request mediation or an impartial due-process hearing related to decisions or actions concerning your child's identification, evaluation, and/or educational program or placement;  
You and your child may take part in the hearing and have an attorney represent you. Hearing requests must be made to the 504 District Compliance Officer..
- Q. receive all information in your native language and mode of communication;
- R. file an internal complaint;
- S. file a complaint with the U.S. Department of Education's Office for Civil Rights;
- T. be represented at any point in the process by an attorney;
- U. recover reasonable attorney fees as authorized by law (i.e. if you are successful on your due process claim);
- V. be notified of your Section 504 rights (1) when evaluations are conducted, (2) when consent for an evaluation is withheld, (3) when eligibility is determined, (4) when a Section 504 Plan is developed, and (5) before there is significant change in the Plan.

Complaints, including complaints of disability-based harassment and requests for due process hearings, must be put in writing and must identify the specific circumstances or areas of dispute that have given rise to the complaint or requests for a hearing, and offer possible solutions to the dispute. Complaints must be filed with the District Section 504/ADA Compliance Officer. The Board of Education has designated Heidi Stickney as the District Section 504/ADA Compliance Officer(s). The District Compliance Officer(s) can be reached at the following address/phone number/e-mail:

Heidi Stickney  
District Administrator of Special Education  
3240 Banning Rd.  
Cincinnati, OH 45239  
[hstickney@nwlsd.org](mailto:hstickney@nwlsd.org)  
(513) 522-6700

The Office for Civil Rights of the United States Department of Education enforces the requirements of Section 504 of the Rehabilitation Act of 1973. The address of the Ohio office is:

Office for Civil Rights, Cleveland Office  
U.S. Department of Education 600  
Superior Avenue East, Suite 750  
Cleveland, OH 44114-2611 Telephone:  
(216) 522-4970 Facsimile: (216) 522-2573  
TDD: (216) 522-4944



## SECTION 504 MANIFESTATION DETERMINATION REVIEW

In carrying out a section 504 manifestation determination review, the local educational agency, the parent, and relevant members of the 504 team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's 504 Plan, any teacher observations, and any relevant information provided by the parents of the child.

Student's Full Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nature of student's disability:

Nature of behavior subject to disciplinary action:

### Determination of the Relationship of the Behavior of Concern to the Student's Disability

1. In relationship to the behavior subject to disciplinary action

|  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Did the 504 team review the student's progress on the 504 Plan?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Did the 504 team review relevant information presented by the parents and teacher observations?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Did the 504 team determine that the conduct in question was caused by/or had a direct and substantial relationship to the child's disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Was the child's conduct a direct result of the district's failure to implement the 504 Plan?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. The behavior is a manifestation of the student's disability, if the 504 team indicated
- a. "Yes" on item c or d of 1. above.

**Conclusion:**  
 Based upon the information considered, the 504 team determined that the behavior  
 was  was not a manifestation of the student's disability  
 Date of Section 504 Manifestation Determination Review: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_





Northwest Local School District  
3240 Banning Road  
Cincinnati, Ohio 45239

Physician's Questionnaire for  
Attention Deficit Hyperactivity Disorder  
Attention Deficit Disorder

Student: \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Please complete all sections of this form:

1. Detail available background including a written diagnostic ADHD statement and copies of any/all reports. Please check the assessment tools used when making the ADD diagnosis:
  - \_\_\_ standard history and physical examination
  - \_\_\_ neurological examination
  - \_\_\_ family assessment
  - \_\_\_ school assessment (if this has not been completed NWLSD would be willing to assist with teacher behavior checklists, copies of school reports, etc.) \*
2. Does the child meet the current DSMV-IV criteria for ADD? What multiple settings were used for this diagnosis? \*
3. In your opinion, how does the student's current ADHD/ADD status "substantially limit" his/her ability to receive and benefit from learning and in what ways?

4. What are the primary mental health implications we should consider when developing this student's educational program?
  
  
  
  
  
  
  
  
  
  
5. What is the prognosis and how frequently can we expect to receive updates from you regarding the student's status?

Please attach any reports pertinent to this student's diagnosis.

---

Physician's signature

Date

\*American Academy of Pediatrics: Diagnosis and Evaluation of the Child with ADHD

**Please send this information to:**  
**Special Education Office**  
**3242 Banning Rd. Road**  
**Cincinnati, Ohio 45239**  
**Fax: (513) 522-0053**



Northwest Local School District  
3240 Banning Road  
Cincinnati, Ohio 45239

Physician's Questionnaire for  
Medical Concerns

Student: \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Please complete all sections of this form:

1. Detail available medical background including a written diagnostic statement and copies of any/all reports.

2. Detail this student's current medical/health status.

3. In your opinion, how does this student's current medical/health status "substantially limit" his/her ability to receive and benefit from learning?
  
  
  
  
  
  
  
  
  
  
4. What are the primary medical implications we should consider when developing this student's educational program?

**Please attach any reports pertinent to this student's diagnosis.**

---

Physician's Signature

Date

**Please send this information to:**

**Special Education Office  
3242 Banning Rd. Road  
Cincinnati, Ohio 45239  
Fax: (513) 522-0053**



Northwest Local School District  
3240 Banning Road  
Cincinnati, Ohio 45239

Physician's Questionnaire for  
Mental Health Concerns

Student: \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Please complete all sections of this form:

1. Detail available background including a written diagnostic statement and copies of any/all reports.
2. Detail the student's current mental health status.

3. In your opinion, how does the student's current mental health status "substantially limit" his/her ability to receive and benefit from learning?
  
  
  
  
  
  
  
  
  
  
4. What are the primary mental health implications we should consider when developing this student's educational program?
  
  
  
  
  
  
  
  
  
  
5. What is the prognosis and how frequently can we expect to receive updates from you regarding the student's status?

Please attach any reports pertinent to this student's diagnosis.

---

Physician's signature

Date

**Please send this information to:**

**Student Services Office  
3312 Compton Road  
Cincinnati, Ohio 45251  
Fax: (513) 522-0053**

# **NORTHWEST LOCAL SCHOOL DISTRICT**

## **SECTION 504 GLOSSARY**

## **DEFINITIONS**

### **Section 504 of the Rehabilitation Act of 1973**

Federal law which prohibits discrimination on the basis of handicap for recipients of Federal funds. This law is implemented through requirement that free, appropriate public education and due process rights are provided to each eligible handicapped child. Appropriate education under Section 504 can consist of either regular education or special education and related aides and services.

### **IDEIA – Individual with Disabilities Education Improvement Act**

Federal law which requires all state and local school districts to make free, appropriate public education available to all children who have been found through multifactor evaluation, to meet the established criteria as handicapped under one of thirteen areas of disability. This law also provided for due process to protect the rights of handicapped children and their parents.

### **Americans with Disabilities Act Amendments Act of 2008 (ADAAA)**

Federal law which updates the Americans with Disabilities Act (ADA) passed in 1990. Effective on January 1, 2009, the ADAAA expanded the types of major life activities covered under Section 504 of the Rehabilitation Act of 1973.

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### **Evaluation**

A process whereby information is collected from relevant sources and analyzed to determine a child's current level of functioning. Some of the procedures which may be applied in the process of evaluation include review of records, observation, interviews, completion of checklists or rating scales and testing.

CFR = Code of Federal Regulations

Free Appropriate Education (FAPE) {34 CFR 104.33}

Qualified disabled students must be provided a free, appropriate public education regardless of the nature or severity of the handicap.

Appropriate means the provision of regular or special education and related aids and services that are designed to meet individual educational needs of handicapped persons as adequately as the needs of non-handicapped persons are met.

Free education means the provision of educational and related services without cost of the handicapped person or his or her parents or guardian, except for those fees that are imposed on non-handicapped persons or their parents or guardians.

### **Handicapped Person {34 CFR 104.3 (j)}**

“Handicapped person: means any person who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.



**Individualized Plan {34 CFR 104.35 (b) (1) (2)}**

The provision of regular or special education and related aids and services that are designed to meet individual educational needs of handicapped persons as adequately as the needs of non-handicapped persons are met.

Implementation of an Individualized Education Program developed in accordance with IDEIA – Individuals with Disabilities Improvement Act – is one means of meeting the standard established in paragraph (b) (1) (1) of this section.

An Intervention Assistance Team develops a plan of action.

**Intervention Assistance Team Format**

An intervention assistance team is a problem-solving, building-level team of professionals who assist teachers in developing intervention strategies for dealing with the learning, social and behavioral needs of students. In addition to the classroom teacher, the team may include the principal, other teachers, counselor, school psychologist, support staff, school nurse and parents.

**Least Restrictive Environment (LRE) [CFR 104.3 (a)]**

That handicapped students be educated with non-handicapped student to the maximum extent appropriate to the needs of the handicapped student.

The handicapped person shall be placed in the regular education environment unless it is demonstrated by the recipient that the education of the person in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily.

**Major Life Activities {34 CFR 104.3 (J) (2) (11)}**

Major life activities means functions such as caring for oneself, performing manual tasks, seeing, hearing, speaking, breathing, learning, working, eating, sleeping, walking, standing, lifting, bending, reading, concentrating, thinking, and communicating.

Limits in major life activities (i.e. learning) the student must show evidence that a pattern of poor school progress is shown by below average grades (if the student demonstrates normal ability or grades below expectancy which are not commensurate with the student's ability level), unsatisfactory social skills, study skills and/or effort ratings as documented by school records.

**Multi-factored Evaluation/Evaluation Team Report**

An evaluation conducted by a team of professionals from different areas of expertise, which assesses more than one area of a child's functioning in order to determine whether or not the child is eligible for special education and related services.

**Non-discriminatory Evaluation {34 CFR 104.35 (b) (c) }**

That evaluation and placement procedures be adapted to insure that appropriate identification and placement are made.

**Related Services {34 CFR 104.33 }**

The provisions of an appropriate education are the provisions of regular or special education and related aids and services that are designed to meet individual educational needs of handicapped persons as adequately as the needs of non-handicapped persons are met.

The provisions of a free education is the provision of educational and related services without cost to the handicapped person or to his or her parents or guardian.

**Substantial Limitation**

Refers to significant limitation or inability to perform activity compared to average person. Substantial limitation does not ensure a 4.0. Accommodations are meant to level the playing field, not give an unfair advantage.

Substantial limitation determined after mitigating measures.

